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FACSIMILE COVER SHEET

Deliver to: Daniel J. Cavallari, USPTO

Art Group: 2836

Facsimile No.: 703-872-9306

Date: January 12, 2006..

From: William W. Schaal, Reg. No. 39,018

Our Docket No.: 3239P106

Number of pages 13 including this sheet.

Application No.: 10/609,079Filing Date: 6/27/2003

Docket Due Date(s): 1/15/2006 ..|_____

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>Response</u> (<u>9</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (____ pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ (____ pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet (____ pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of <u>Facsimile</u>	<input type="checkbox"/> Reply Brief (____ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA (____ pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: ____ sheets, ____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion (____ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (____ pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Transmittal Letter

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Susan McFarlane

1/12/2006

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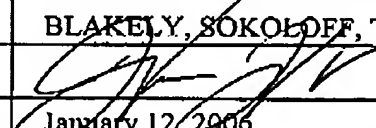
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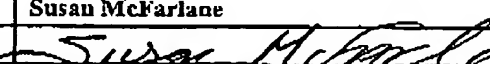
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JAN 12 2006

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/609,079
		Filing Date	June 27, 2003
		First Named Inventor	Timothy J. Parker
		Art Unit	2836
		Examiner Name	Daniel J. Cavallari
Total Number of Pages in This Submission	12	Attorney Docket Number	3239P106

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 12, 2006

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**FEE TRANSMITTAL
for FY 2005***Patent fees are subject to annual revision*☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/609,079
Filing Date	June 27, 2003
First Named Inventor	Timothy J. Parker
Examiner Name	Daniel J. Cavallari
Art Unit	2836
Attorney Docket No.	3239P106

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☐ Credit any overpayments

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
34	34	0	\$0.00
Independent Claims	5	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 60	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple Dependent claim, if not paid
1204 300	2204 150	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 60	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2063 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,590	2254 795	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451 1,510	2451 1,610	Petition to institute a public use proceeding
1480 130	2480 130	Problems to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(c)
1808 180	1808 180	Submission of Information Disclosure Stmt
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1010 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type)

William W. Schall

Registration No.
(Attorney/Agent)

39,018

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(714) 557-3800

Signature

Date

01/12/06

Based on PTO/559/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 12/15/2004.
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**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number 10/609,079
 Filing Date June 27, 2003
 First Named Inventor Timothy J. Parker
 Examiner Name Daniel J. Cavallari
 Art Unit 2836
 Attorney Docket No. 3239P106

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman J.I.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☐ Credit any overpayments

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
34	0	50.00	\$0.00
5	0	200.00	\$0.00
Multiple Dependent			
Large Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	50	2202	25
1201	200	2201	100
1203	300	2203	180
1204	300	2204	150
1205	300	2205	160
Fee Description			
Claims in excess of 20			
Independent claims in excess of 3			
Multiple Dependent claim, if not paid			
**Reissue independent claims over original patent			
**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (1)			
(\$)			
0.00			

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2061	65	Surcharge - late filing fee or oath	
1052	50	2062	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,580	2254	785	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(c)	
1806	180	1806	180	Submission of Information Disclosure Sheet	
1809	700	1809	305	Filing a submission after final rejection (37 CFR § 1.129(a))	
1010	700	2010	305	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)					
SUBTOTAL (2)					
(\$)					

SUBMITTED BY

Name (Print/Type) William W. Schaal

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(Attorney/Agent)

39,018

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Signature

Date

01/12/06

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Appl. No. 10/609,079
Amdt. Dated 1/12/2006
Reply to Office Action of December 15, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No.	:	10/609,079	Confirmation No. 7575
Applicant	:	Timothy J. Parker	
Filed	:	06/27/2003	
TC/A.U.	:	2836	
Examiner	:	Daniel J. Cavallari	
Docket No.	:	3239.P106	
Customer No.	:	8791	

Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of December 15, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.